

## **ATM/ITM Bring Live Form**

Client Inforn	nation						
Financial Institutions:			Go liv	e Date:	Specific Time:		
Address of new	terminal:						
Conversion Con	tact Person	:		Email address:			
Phone Number:							
Post Conversion	Contact pe	erson/Dept:		Email address:			
************************							
Terminal Info	ormation	1					
Reference Name	e:						
Terminal Type:		Netwo	rk Provider:		New balancing Instructions:		
Depositor:		Terminal location:					
Terminal ID:		Terminal Brand:					
Credit Account (	GL Number	·):					
Kaba Lock Serial	#:	Access:					
Key Access need	led:	Alarm code needed:					
Load Inform	ation						
Load Amount:							
Terminal ID	1	5	10	20	50 100		
Ongoing Ser	vice Info	rmation					

Depositor:

Checks:

Replenishment: